

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket Number

4002-2802/PC635.00

First Named Inventor

Lukas Eisermann

## COMPLETE IF KNOWN

Application No.

Filing Date

Group Art Unit

Examiner's Name

☒ Declaration submitted with  
Initial Filing

☐ Declaration  
Submitted after  
Initial Filing  
(surcharge (37 CFR  
1.16(e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled  
INTERVERTEBRAL PROSTHETIC JOINT

the specification of which  
(check one)

☒ is attached hereto.

☐ Was filed on \_\_\_\_\_ as United States Application No. or  
PCT International Application No. \_\_\_\_\_

☐ And was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

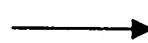
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional US or PCT International application numbers are listed on a supplement priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

☐

Customer Number



OR

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Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Brad A. Schepers	45,431		

☒

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to :

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OR

☒

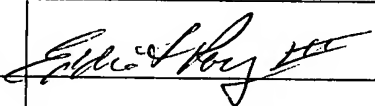
Correspondence address below

Name	Brad A. Schepers				
Firm Name	WOODARD EMHARDT NAUGHTON MORIARTY & McNETT				
Address	111 Monument Circle, Bank One Tower, Suite 3700				
Address					
City	Indianapolis	State	IN	ZIP	46204
Country	USA	Telephone	317/ 634-3456	Fax	317-637-7561

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:

Given Name (first and middle, if any)	Lukas	Family Name or Surname	Eisermann
Inventor's Signature:		Date of Signature:	DEC 27, 2001
Residence: (City, State, Country)	Memphis, Tennessee USA		
Citizenship:	Germany		
Post Office Address:	42 Riverview Drive West 301, Memphis, TN 38103		

Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Eddie F.	Family Name or Surname	Ray, III
Inventor's Signature:		Date of Signature:	31, Dec 2001
Residence: (City, State, Country)	Collierville, Tennessee USA		
Citizenship:	USA		
Post Office Address:	1781 Fernhall Cove, Collierville, TN 38017		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)		Family Name or Surname	
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)			
Citizenship:			
Post Office Address:			
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)		Family Name or Surname	
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)			
Citizenship:			
Post Office Address:			
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)		Family Name or Surname	
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)			
Citizenship:			
Post Office Address:			

**DECLARATION****Registered Practitioner Information  
(Supplemental Sheet)**

<b>Name</b>	<b>Registration Number</b>	<b>Name</b>	<b>Registration Number</b>
Harold R. Woodard	16,214	David A. Warmbold	30,897
C. David Emhardt	18,483	Cary R. Reeves	35,334
Joseph A. Naughton, Jr.	19,814	James J. Bindseil	42,326
John V. Moriarty	26,207		
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James M. Durlacher	28,840		
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Steve Zlatos	30,123		
Spiro Bereveskos	30,821		
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L. Scott Paynter	39,797		
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Quentin G. Cantrell	47,469		